

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SCROLL NO.

FILED DATE

APPLICATION

10/59/496

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/						51					
2								52					
3								53					
4								54					
5								55					
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41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	1		↓		↓		↓						
TOTAL DEP.	20	←		←		←	←						↓
TOTAL CLAMS	81	██████████	██████████	██████████	██████████	██████████	██████████						██████████